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ABSTRACT

The link between child abuse and handicapping conditions is examined in a brief summary of research studies focusing on mentally retarded, behavior disordered, and physically handicapped children. Although standardized data collection procedures are lacking, isolated studies suggest a disproportionate incidence of child abuse among the population of handicapped children. Among characteristics cited as reasons why handicapped children are at risk for abuse are their greater dependence for assistance or care, the fact that they may be less able to defend themselves physically or to articulate the fact of abuse, and the likelihood that they will be considered less credible than the nonhandicapped child. Recommendations for improved data collection procedures and education of caregivers conclude the report. (JW)

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CHILD ABUSE AND THE HANDICAPPED CHILD

What is the Link Between Child Abuse and Handicapping Conditions?

The link between child abuse and handicapping conditions became apparent when the research community shifted its focus from examination of characteristics of abusive parents and the family to examination of the characteristics of the abused child.

Zirpoli (1986) asserts that there are four primary factors which contribute to child abuse:

- Parent factors.
- Sociocultural factors.
- Environmental factors.
- Child factors.

However, some of the most common characteristics of the abused child include prematurity, low birth weight (Lynch & Roberts, 1982), difficult temperament, behavior disorders (Bousha & Twentyman, 1984), and mental handicaps (Sandgrund, Gaines, & Green, 1974)—all of which are handicapping conditions.

What Makes the Handicapped Child at Risk for Child Abuse?

While the handicapping condition does not cause abuse, it can and often does contribute to mistreatment. Handicapped children are at risk for abuse because they may be:

- Less able to defend themselves physically.
- Less able to articulate the fact of abuse.
- Unable to differentiate between appropriate and inappropriate physical contact, whether it be violent or sexual.
- More dependent on others for assistance or care and, therefore, more trusting, since dependency and trust often translate into compliance and passivity.
- Reluctant to report instances of abuse for fear of losing vital linkage to major care providers.
- Considered less credible than the nonhandicapped child, when and if they report abuse.

(Parent Advocacy Coalition for Educational Rights, 1986, p. 16)

What Do We Know about the Incidence of Handicapped Child Abuse?

A number of research reports indicate that handicapped children represent a disproportionate number of the total child abuse victims (Chotiner & Lehr, 1976; National Center on Child Abuse and Neglect, 1982; Sandgrund et al., 1974).

Currently, however, there is no uniform data collection system. For example, 7 out of 51 state child protection agencies do not have standard reporting forms, and of the 44 states which do have standard reporting forms, 18 do not identify the preexisting handicaps of abused children; furthermore, 43% of all state agencies regard data on child abuse as inaccurate (Camblin, 1982).

The lack of a uniform data collection system is compounded by failure of the child protection system to both recognize and document handicapping conditions, due in part to the attitudes, training, and intervention criteria of this agency (Schilling, Kirkham, & Schinke, 1986).

Given this lack of standardized data collection procedures, it is difficult to determine with any accuracy what the national incidence of abuse among children with handicaps might be. Nonetheless, the isolated studies which address the child abuse issue clearly suggest disproportionate representation of the handicapped child.

What Are the Implications for the Mentally Retarded Child?

Morse, Sahler, and Friedman (1970) found that 42% of the abused children they studied (N=25) had an IQ of less than 80, and that all but one of these children had been diagnosed as mentally retarded prior to abuse.

Another study of 120 children (60 abused, 30 neglected, and 30 nonabused) reported that 25% of the abused group were diagnosed mentally retarded as compared to 20% of the neglected group, and 3% of the nonabused group (Sandgrund et al., 1974).

Finally, in a study of all the students in Oahu, Hawaii (N=430) who had been referred for evaluation of learning programs during a one-year period, 6.7% had been reported to the state child abuse agency (Frisch and Rhoads, 1982), a factor 3.5 times greater than the rate of child abuse reported for all other children from Oahu in the same age group.

What Are the Implications for the Emotionally or Behaviorally Disordered Child?

One of the more extensive child abuse studies (Gil, 1970) indicated that among a sample of 6,000 children, 29% demonstrated abnormal social behavior prior to abuse.

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Results of the Bousha and Twentyman study (1984) indicated that abuse victims were significantly more aggressive than control subjects and these results were corroborated by Lorber, Felton, and Reid (1984) who found that abuse victims were more disruptive and aggressive than the nonabused.

What Are the Implications for the Physically Handicapped Child?

A 1968 study (Birrell & Birrell) of 42 abused children found that 25% of those children had physical handicaps prior to abuse.

A more recent study (Diamond & Jaudes, 1983) of child abuse among children with cerebral palsy (CP) indicated that of the 18 children with postnatal onset of CP, 8 cases could be attributed to child abuse, 5 to infection, and 3 to accidents. Nine other children were abused after the onset of CP, and one child was abused after the onset of CP which had resulted from prior abuse. This means that 20% of the children with CP were abused and that another 14% were considered at risk for abuse!

Finally, children with physical handicaps are not only at high risk for abuse but may be more likely to be abused for a long period of time. Glaser and Bentovim (1979) found that among 111 abused children, 32% of the nonhandicapped were abused after the age of 2 years compared with 5.2% of the handicapped children, but that after the age of 5 years, only 9% of the nonhandicapped children had been abused while 29% of the handicapped children had suffered abuse.

What Can We Do to Lessen the Risk of Handicapped Child Abuse?

- Reliable, nationwide data on abused handicapped children is needed. The variability of definitions, service criteria, and reporting mechanisms among the states must be addressed.
- Education, welfare, medicine, and the protective service agencies need to establish an interactive network that assures the identification, assistance, and monitoring of these children.
- Training for all personnel who interact with handicapped children and their families should emphasize knowledge about handicapping conditions, reporting requirements, indicators of child abuse, and state laws concerning child abuse.
- Pre- and postnatal education of parents with children at risk for abuse should include stress management techniques and information regarding the limitations of specific handicapping conditions.
- All handicapped children should receive proactive education in self-protection against abuse.
- Any child abuse initiative should include specific language that considers the disproportionate susceptibility of the handicapped child to abuse.

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